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A Dissertation
on Dysentery
by Charles Beale
of Virg^a
Mar 26. 1818

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Were I to consult my own interest and inclination, I should not at this early epoch, when just entering the threshold of active life, and the path of medical science, presume to present you this imperfect production. But wishing to accede to the laws of the University, I proceed with much diffidence to offer some remarks on the symptoms and cure of Dysentery. I shall be as brief as the nature of the subject will admit, and shall principally confine my description to that mode of practice which I have witnessed successful in this disease; taking this occasion to mention, that it is not the prerogative of inexperienced youth to criticise and condemn the practice of those of riper years.

Of the Dysentery

The Dysentery is usually preceded by a febrile indisposition, which is sometimes considerable. It is characterised by the symptoms of fever in general, such as alternate chills and heats, a full, hard, and tense pulse,

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though more often, by a frequent and chorded pulse, a hot dry skin, and pains in various parts of the system, mostly in the head. sometimes there are pains in the side resembling pleuritic stitches, rendering respiration laborious; at other times the pains are mostly confined to the region of the abdomen. On other occasions most of the febrile symptoms are wanting, especially where the disease is ushered in by a Diarrhœa, which is not unfrequently the case.

The Stomach from the first is generally disordered, which is often manifest, from the furred or foul tongue, loss of appetite, nausea, bitter eructations, and the vomiting of bilious or other offensive matter: the bowels are often flatulent, and generally constipated, unless the disease is brought on by a Diarrhœa, as I before mentioned.

These symptoms do not continue long, before the disease is distinguished by its more certain Diagnosticks; viz. pains in various parts of the intestinal canal, which are sometimes so tormenting as to be compared to the sensation of contortion or twisting. These symptoms are

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soon followed by frequent and small, mucus or slimy stools, generally streaked with blood, which are voided with violent griping, and occasionally there is a painful protrusion of the rectum; sometimes there is a discharge of blood unmixed with mucus or feces, I say feces, but probably this is an improper phrase, as natural feces seldom appear, and when they do, they are commonly, as Cullen and others describe them, of a hardened and rounded form: in one instance I witnessed the discharge of a cheso-like substance as mentioned by Bingle.
There is almost always a troublesome tenesmus.

Various have been the theories of the antients respecting the causes of Dysentery, of which I shall take no notice, but shall only mention those causes which have been sanctioned and confirmed by modern experience.

In children and even in adults, it is sometimes brought on by eating immoderate quantities of unripe or ripe fruits, of which I have seen many cases; by exposure to the vicissitudes of the weather, particularly to the night air, and lying upon damp ground, thereby checking the

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perspirable matter; hence its frequent occurrence in Campaigns; by hardened excrement retained for an improper length of time in the bowels; by suffering a Diarrhoea to run on too long; thereby, as some have asserted, and with no want of plausibility, destroying the tone of the muscular fibres of the intestines, which on this account become the seat of a morbid afflux of blood. I have heard of an over-dose of Tart. Ant exciting a Hypercatharsis and eventually the Dysentery. These appear to be only the exciting or proximate causes of Dysentery: the remote or predisposing cause appears to consist in some peculiar state of the Atmosphere, for where the Dysent. prevails, it is generally in the form of an Epedemic twice in the year, viz. in the spring and fall; at these seasons, the above causes usually bring on Dys^ty, but at other times they are indulged almost with impunity. I am aware that cases of Dysentery appear in the winter and summer, but these are rather to be considered spurious or anomalous cases, and therefore cannot invalidate the position. It is also known that the same causes which influence the Intermittent and Remittent fevers,

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also predispose to the Dysentery, which in many instances resembles and is much allied to those fevers, the most common source of which is Marsh Miasma, which is absorbed by and wafted through the atmosphere. There appears also to be some peculiarity in the constitutions of some people, predisposing them to Gastric and Intestinal affections and particularly to the Dysentery.

I come next to treat of the indications of cure.

They are, first, to reduce the action of the arterial system, if it be excessive; secondly, to evacuate the morbid contents of the bowels; and thirdly, to restore the healthy state of the system by determining to the surface.

The first indication is to be fulfilled by venesection, if the pulse, strength, and habit of the patient admit of it; where there is not much febrile action, the necessity of this measure is often superseded by the remedies for the second indication, namely Cathartics: the milder purgatives generally answer, the more active are often called for, and cases sometimes occur, in which we have to resort to the more drastic. The third indication is to be ef-

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fected by antimonials or small doses of Ipicacuanha, &c.
8d. Of Bloodletting. As the Dysentery is generally considered a febrile disease, no person will deny the propriety of treating it as such; in all of which, venesection stands at the head of the list. I do not mean by this to inculcate the use of the lancet indiscriminately in all cases, but only in those, which are attended with much fever indicated, by a full, strong and vigorous pulse; as also in that species of pulse, which is denominated the depressed pulse, which is often met with in the intestinal disorders:
in these cases we must be prompt in the use of this measure. From twelve to twenty ounces are generally sufficient for the first bleeding; if there should still remain much febrile action, after waiting ten or twelve hours, a second bleeding should be premised, as in addition to its removing the febrile diathesis, it also prepares the system for the prompt operation of purgatives. With respect to venesection, however, we must be governed by the existing circumstances, some cases requiring more, some less than I have mentioned. Of Purging. Of all the medicines I have

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seen twice, the Ipecacuanha answers best for the second and third indications, where it can be retained by the patient in sufficient doses; but I have seen persons, whose stomachs were so irritable, that a single half-grain of it would excite great nausea and even vomiting; in these cases of course we resort to some other medicine. The practice of administering Ipecac. in Dysent.ty is not altogether modern. It was used by Drs Pringle and Cleghorn long since. Pringle also mentions, that it was used by Dr Huck and other practitioners in the British army, also by the Physicians of the army in this country, and in the West Indies. Most of the practitioners of the present day are in the habit of employing it in some form in the treatment of the Dysent.ty. The manner in which I have seen it administered is, I think, different from that of any who have written on the subject, and it is on this account that I have been induced to speak of it. From the general properties of this article, we might, a priori, suppose it a medicine adapted to the indications of Dysent.ty. To its general properties, I think I may safely add that of allaying pain, or in other

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words an anodyne, which I will endeavour to illustrate by a case or two hereafter. Its modus operandi in Dysentery has been described in different ways. By Cullen and Sir George Baker, its good effects in Dysentery have been attributed to its purgative quality, but this is incorrect reasoning, as other articles, which have a more decided purgative effect, are not attended with the same result.

Others have attributed its good effects to an astringent quality, and others, by its determining to the surface, among whom is Dr Mosely. I have seen the happiest results from it in Dysentery, where, with its other operations, it has had a purgative tendency: But it is not my intention to account for its modus operandi (which I confess I am totally unable to do,) but simply to relate the fact of its great utility.

Before commencing the use of purgatives, it will, in most cases be proper to administer an Emetic. Where the stomach is much disordered, indicated, by a loss of appetite, foul tongue, nausea, bitter eructations &c, an emetic should always be administered. For this purpose, a scruple of Ipicac will generally answer: where there is much bile in

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the stomach, and we wish to make a more durable impression on this organ, we may conjoin two grains of Tart. Ant. to a scruple of Ipecac.ha. Where the stomach is not affected, we may commence the use of Ip. as follows. As it is generally necessary that it should remain upon the stomach in sufficient quantity to excite purging; five grains of it may be given. With children of two years old we may give two grains, proportioning the dose to the age, &c.

If this quantity * should excite vomiting, (which is not often the case) no injury is sustained, as with this effect its action is generally communicated to the intestines: it more frequently, however, purges without provoking vomiting, the action is afterwards to be sustained by small doses of the article, given at short intervals, until the bowels are well evacuated. With this view I have found it best to make it in pills of a grain each, one of which is to be administered every hour or two, or if there be no disposition to throw them up, and the bowels are hard to move, we may give as many as the stomach will bear. When treated in this way, I have generally found, that the patient, after having taken sixteen or twenty pills is entirely

* I am now mentioning the dose and treatment for an adult. Children may be treated on the same plan, but always with reference

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relieved. Case 1,th Mrs W— an elderly lady was seized with Dyty; she commenced with taking the pills of a grain each, one every hour, and in the course of two days was entirely cured.* It was remarked, that the symptoms were very violent in this case, after taking several of the pills, the symptoms were much abated, and after taking sixteen, her bowels were well evacuated, and she completely cured. I might swell this list to an almost incredible amount, where the disease has been cured nearly in the same way, were it necessary.

I have sometimes seen evident anodyne effects from the exhibition of Ip, as was hinted above.

Case II Mr— was seized with Dysentery, he began to take the pills, which vomited him; he discontinued them; after taking some other purgatives without much benefit, he recurred, when in great pain, to the use of the pills, after swallowing several, he was entirely relieved of the pain and other Dysenteric symptoms, without their promoting any evacuation whatever; but being costive, he took a dose or two of Castor Oil (for which he came to the shop,) which brought away a great quantity of bile.

* no other remedy was used in this case whatever.

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Case 2nd; A gentleman of the medical profession was riding a journey, and was suddenly seized with great pain in the rectum, and a pressing inclination to stool, he took some Ipicac. on the point of his pen knife (supposed to be about two grains) and swallowed it in a small draught of water, which relieved him immediately. Case 3rd, E— C— a lawyer, had considerable griping in his bowels, took two pills of Ipicac. of a grain each, which soon relieved him. Many other cases might be adduced in proof of its anodyne property, but let these suffice.

It frequently happens, however, that the termination of the disease is not so favourable; the mucous stools continue, sometimes with a mixture of blood, and a troublesome tenesmus remains; here we must continue the use of the pills as directed above, until natural fæces appear. It not unfrequently happens that the tenesmus remains after these efforts; the mode of treating it will be mentioned hereafter. I have seen the Ipicac equally successful in Hemorrhagy of the intestines. Dr Chapman has offered an explanation or rather an explication of its

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modus operandi in these cases, which I think will supplant and supercede all others, it is, that by bringing on relaxation and debility. It thereby reduces arterial action, which so uniformly tends to suppress Hemorrhage.

I come now to speak of those cases, to which Ipicac- is not adapted: 1st the stomachs of some people are so irritable, as to preclude the use of this article in any efficient form; 2nd, where there is a vast accumulation of bile (which is a frequent concomitant of Dy-), such a torpor or insensibility of the bowels, in some instances prevails, that the more active purgatives alone will have any effect upon them; 3rd the nauseating effects of the medicine may be an insuperable objection with some people; and other incompatabilities may present themselves, which I cannot now anticipate.

In these cases, we may resort to Calomel alone, or what I think is better, to use it in conjunction with Ipicac-. Where the bowels are obstinately constipated, as is common in bilious disorders, I have witnessed the total inefficacy of this purge, as also of several others,

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such as Calomel and Rhewbarb, Castor Oil and the like, in which a combination of Calomel and Scammony was resorted to with complete success, nevertheless the dose was frequently repeated before the effect was produced.

Enemata were here employed with much benefit, and should in similar cases not be neglected. They should be of the mildest kind. The warm bath was resorted to in one case, where the patient was young and small with a happy result, but we cannot often avail ourselves of this measure with adults, owing to many inconveniences; may not the vapour bath be substituted for it in these cases? Castor oil given alone, or made into an Emulsion with the yolk of an egg, answers very well in many cases, and many other purgatives are used with a happy effect, as almost every body has a popular formula.

They should, as a general rule, be continued until natural stools appear, or the symptoms are relieved.

Cullen recommended the application of a blister to the abdomen in obstinate cases. Drs Dorsey, Chapman, and others are in the habit of using them with manifest advan-

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tage, and upon their authority, I would certainly recommend them. I have never seen them applied, but feel confident from their testimony of their great utility.

It often happens, that after the bowels are completely evacuated, and the more urgent and dangerous symptoms are removed, there still remains some degree of irritation, and not unfrequently a troublesome tenesmus.

The first is to be treated by mucilaginous injections, and for the purpose of removing the latter, thirty or forty drops of Laudanum may be added, or what may be better an opium pill thrust up the anus, as recommended by Dr Chapman. They may be repeated as often as the urgency of the symptoms demands, taking care, at the same time, to prevent costiveness.

Of the sweating plan I cannot say much, having seldom found them necessary, especially where the disease was treated with Opium. But should the skin remain hot, dry, and uneasy, after the inflammatory symptoms are subdued, and the bowels are well evacuated, I should not hesitate to resort to Diaphoreticks, of the milder kind; but

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the necessity for these are generally, and in every case I have seen, entirely superceded by a flannel shirt, or what may be better, by swathing the body from the hips to the axillae with a flannel roller, in the manner recommended by Dr Chapman. In all the Gastric and bowel affections, it has been found essentially necessary to pay particular attention to the condition of the patients feet, as there is a great connection sympathetically between these parts. The feet therefore should be kept dry and warm. For this purpose, in addition to worsted stockings, he may wear a sole in the bottom of his shoe or boot, made of the same materials and in the same way the Hatters make their hats. I have known long continued Gastric affections cured by this simple contrivance alone.

Among the remedies for Dyry, diet certainly deserves to be ranked. Animal food in the inflammatory stage is not to be allowed, those vegetables also, which are likely to become ascescent, should be avoided. Those which appear to be most free of this principle, are; rice, sago, Tapioca, and arrow root. They should be well boiled, especi-

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ally the rice and Tapioca, as otherwise they are found to be very indigestible.

Spices and all fermented liquors are to be prohibited.

The patients drink should consist, of simple water, toast-and water, or mucilage dissolved in water &c.

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